6.27 Working with Children and Families Affected by Substance Misuse – Guidance for Professionals
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1. Introduction
1.1 Parental substance misuse refers to the abuse of drugs and/or alcohol by parents and cares of children and young people. Whilst there may be different treatment methodologies for adults with these problems, they are considered together because the consequences for the child are quite similar. Substance misuse refers to both illicit drugs, alcohol, prescription drugs and solvents, the consumption of which is either dependent use, or use associated with having harmful effect on the individual or the community.

1.2 Many substance misusing adults also suffer from mental health problems, which is described as Dual Diagnosis and there may be several agencies, from both Adult and Children's Services, who are working with the family.

1.3 National Serious Case Reviews and Domestic Homicide Reviews have identified domestic abuse, parental mental ill health and drug and alcohol misuse as significant factors in families where children have died or been seriously harmed. Where all three issues are present, they are commonly described as the 'toxic trio'.

2. Risks
2.1 Substance misuse can consume a great deal of time, money and emotional energy, which will unavoidably impact on the capacity to parent a child. This behaviour also puts the child at an increased risk of neglect and emotional, physical or sexual abuse, either by the parent or because the child becomes more vulnerable to abuse by others.

2.2 Children's physical, emotional, social, intellectual and developmental needs can be adversely affected by their parent's misuse of substances. These effects may be through acts of omission or commission, which have an impact on the child's welfare and protection.

2.3 Children may be introduced to drug and alcohol misuse at an early age by the behaviour of the parents and the availability of the substances within the home.

2.4 All agencies need to work together in tackling the problems caused by substance misuse in families in order to safeguard children and promote their well-being. Parents who misuse drugs and/or alcohol may be good enough parents who do not abuse or neglect their children. It is important not to generalise or make assumptions about the impact on a child of parental/carer drug and/or alcohol use. It is, however, important that the implications for the child are properly assessed having full regard to the parents/carers ability to maintain consistent and adequate care. Equal regard should be given to each and every child's level of dependence, vulnerability and any special needs.

2.5 Where there is concern that a parent is involved in substance misuse, the impact on the child needs to be considered, including:
   - The child’s physical safety when the parent is under the influence of drugs and/or alcohol;
   - Children can suffer chronic neglect, from before birth and throughout childhood;
• Possible trauma to the child resulting from changes in the parent's mood or behaviour, including exposure to violence and lower tolerance levels in the parent;
• The impact of the parent's behaviour on the child's development including the emotional and psychological well-being, education and friendships;
• The impact on newborn babies who may experience foetal alcohol syndrome or other drug withdrawal symptoms;
• The extent to which the parent's substance misuse disrupts the child's normal daily routines and prejudices the child's physical and emotional development;
• The impact on the child of being in a household where illegal activity is taking place particularly if the home is used for drug dealing and the children may come in to contact with risky adults;
• How safely the parent's alcohol and/or drugs and equipment are stored as children can be at risk of ingesting substances or injuring themselves on drug paraphernalia;
• Children are particularly vulnerable when parents are withdrawing from drugs;
• Dangerously inadequate supervision and other inappropriate parenting practices;
• Intermittent and permanent separation;
• Inadequate accommodation and frequent changes in residence;
• Children being forced to take on a caring role and feeling they have the responsibility to solve their parent’s, alcohol and drug problems.

2.6 The circumstances surrounding dependent, heavy or chaotic substance misuse may inhibit responsible childcare, for example, drug and / or alcohol use may lead to poor physical health or to mental health problems, financial problems and a breakdown in family support networks.

2.7 More detail about the patterns and types of drug use is given in Appendix One on page 8.

3. Indicators

3.1 There are many reasons why adults take drugs or drink alcohol. If doing so has negative consequences, then it may be regarded as misuse. Parents may be aware that their behaviour has a negative impact on their child; there is a risk in focusing on the adult's difficulty and in supporting their attempts to control their behaviour. The real impact on the child can be overlooked or seen as a secondary consideration. The effects of drugs and alcohol on individuals is detailed in Appendix Two on page 9.

3.2 To be healthy and to develop normally, children must have their basic needs met. If a parent is more concerned with funding an addiction, or is under the influence of drugs or alcohol, they are unlikely to be able to achieve this consistently. A disorganised lifestyle is a frequent consequence of substance misuse. Parents may fail to shop, cook, wash, clean, pay bills, attend appointments etc.

3.3 Substance misuse may affect a parent’s ability to engage with their child. It may also affect a parent’s ability to control their emotions. Severe mood swings and angry outbursts may confuse and frighten a child, hindering healthy development and control of their own emotions. Such parents may even become dependent on their own child for support. This can put stress on a child and mean they miss out on the experiences of a normal childhood.

https://www.wirralsafeguarding.co.uk/substance-misuse/
3.4 Other consequences of substance misuse - lost jobs, unsafe homes (littered with half empty bottles or discarded syringes), broken marriages, severed family ties and friendships, and disruption of efforts made by a local authority to help - are also likely to negatively affect a child.

3.5 Any professionals, carers, volunteers, families and friends who are in contact with a child in a drug / alcohol-misusing environment must ask themselves “What is the child’s daily lived experience like in this environment?”

4. Impact on Children

4.1 Parental substance abuse alone is neither a necessary nor sufficient cause of problems in children. Nevertheless, we know that both alcohol and substance misuse greatly increase the risk of family problems. Substance misuse by parents can become the central focus of the adults' lives, feelings and social behaviour. Child and adolescent mental health services report that a parent's long-standing drug and/or alcohol misuse is a substantial risk factor for poor mental health in their children. It is more likely to be associated with poor outcomes for children in the longer term.

4.2 Although alcohol dependence may cause similar problems for households, the illegality of drug use creates additional difficulties.

4.3 A wider range of research indicates the range of problems associated with parental substance misuse. Many of the 'risk' factors also occur in families where parents do not use drugs or alcohol. A parent's substance misuse may not be the sole predictor of these risks. Where concerns about the quality of care being provided to a child(ren) professionals are encouraged to undertake the Graded Care Profile2 tool.

- Children may be at high risk of maltreatment, emotional or physical neglect or abuse, family conflict, and inappropriate parental behaviour. Children may be exposed to, and involved in, drug related activities and associated crimes. They are more likely to display behavioural problems, experience social isolation and stigma, misuse substances themselves when older.

- Parents with chronic drug addiction spend considerable time and attention on accessing and using drugs, reducing their emotional and actual availability to their children. Conflicting pressures may be especially acute in economically deprived lone-parent households where there is little support from relatives or neighbours. Households headed by problem drug users may be poor, unstable and characterised by criminal activity. Violence may also be a feature of such environments.

- Relationships between drug-dependant parents and their children have been found to be difficult and conflictual. Parents may often provide inconsistent and lukewarm care, ineffective supervision and overly punitive discipline. Deficiencies in parenting skills might however; also, be an outcome of poor role models provided by the parents of drug users themselves. In the long-term children of problem drug using parents may have severe social
difficulties, including strong reactions to change, isolation, difficulty in learning to have fun and estrangement from family and peers.

4.4 The impact of parental substance misuse will vary according to the age and developmental stage of the children. Some children, for example children with physical or learning disabilities or health problems, may be particularly vulnerable and parents who misuse substances may have difficulty in meeting their additional needs. Assessment of the quality of care parents are providing must take into account the needs of each child individually.

5. Action to Safeguard Children

5.1 Where there are concerns by practitioners involved with a family about a child living in the environment of substance misuse an assessment of the parent’s capacity to meet the child's needs should take place to establish the impact on the child of the parent's lifestyle and capacity to place the child's needs before those of their own.

5.2 Where safeguarding concerns exist a referral to Children's social care via the Integrated Front Door in line with the Referrals Procedure should be made and the practitioners from adult services, or other relevant agencies, should work in collaboration with Children's social care.

5.3 However, it is important to remember that substance misuse by parents does not automatically indicate child neglect or abuse; therefore the children of parents who misuse substances should not automatically become subject to statutory safeguarding processes. Consideration should be given as to whether an Early Help Assessment would be appropriate for the child or young person. The Early Help web page can be accessed here.

5.4 Where any agency encounters a substance user who is pregnant and whose degree of substance misuse indicates that their parenting capacity is likely to be seriously impaired, they must make a referral to Children's social care. Further detail about the impact of substance misuse in pregnancy is set out in Appendix Three on page 10.

5.5 The majority of pregnant substance misusing women will have been identified by maternity services and referred to Substance Misuse Services. The Care Planning Approach / Care Co-ordination Approach will apply including input from the link midwives and a social worker from Children’s social care, who will be invited to any meetings taking place in respect of the child/ren.

5.6 Where a newly born child is found to need treatment to withdraw from substances at birth, an assessment and a pre-discharge discussion should take place and consideration should be given to making a referral to Children’s social care in line with the Referrals Procedure before the child is discharged home.

5.7 Where involved, Specialist Substance misuse services, such as Wirral Ways to Recovery must be invited to and should attend and provide information to any meeting concerning the implications of
the parent/carer’s substance misuse problems for the child, including Child Protection Conferences and Child in Need meetings.

5.8 There is a clear need to assess the impact of the behaviour on the child as well as the wider family and community context. Some adult services may be reluctant to share information due to concerns about confidentiality. However, the needs to safeguard children should be paramount and agencies with information regarding the parent will have a valuable contribution to make. In these circumstances, practitioners should seek advice from the Safeguarding leads in their organisation, if they are unsure as to what information should be shared, or what action should be taken.

5.9 When practitioners make a decision to end their involvement with a parent/carer with substance misuse problems, or a child who is living with a parent/carer with substance misuse problems, they should always discuss their plans with the other services who are working with the family, before the case is closed. This is to ensure that any on-going needs can be addressed.

6. Protective Factors
6.1 Some children and young people are extremely resilient. This helps them get over difficulties and limits the damage caused by exposure to risk, neglect or abuse. International literature on the children of drug users does not support an assumption that child abuse and neglect automatically follow when a parent uses drugs. It does highlight the importance of well informed, comprehensive assessments of substance misuse in a family and its effect on all its members, and effective support to promote children’s resilience and repair harm caused by damaging substance misuse.

6.2 Risks associated with parental drug use can be mitigated by other protective factors. These include:

- Sufficient income and good physical standards in the home.
- A consistent and caring adult, who will provide for the child’s needs and give emotional support.
- Regular monitoring and help from health and social work professionals, including respite care and accommodation.
- An alternative, safe residence for mothers and children subjected to violence and the threat of violence.
- Regular attendance at nursery or school.
- Sympathetic and vigilant teachers.
- Belonging to organised out-of-school activities, including homework clubs.

7. Wirral Ways to Recovery
7.1 Wirral Ways to Recovery (WWR) is a free and confidential drug and alcohol service for adults (including offenders), young adults, families, carers and affected others in Wirral.

7.2 Change, Grow, Live (CGL) leads the Wirral Ways to Recovery partnership and provides a range of treatment, recovery and support services for those who have concerns about their drug or alcohol use.

https://www.wirralsafeguarding.co.uk/substance-misuse/
7.3 The WWR website includes details about how to refer (including self-referral) into the service, as well as online confidential self-assessment tools for adults concerned about their own drug and alcohol usage.

7.4 Wirral Ways to Recovery are the community substance misuse service in Wirral and they offer the following services:

- Open access for assessment etc (by drop-in) at all Hubs from 9-5 Monday to Friday. Additionally, there is also access from 10-2 on a Saturday at the Birkenhead Hub only
- Street Outreach Teams
- Housing Support and Advice
- Community detoxification
- Foundations of recovery workshops
- Access to residential detoxification and rehabilitation
- Service user computer suites
- Specialist Nurses
- Psychological Therapists
- Recovery Champions
- Support with education, training and employment
- 'Think Family' workers
- Peer Mentoring training/diploma and opportunities
- Volunteering opportunities
- Family carer support services

7.5 Contact Details for Wirral Ways to Recovery:

Website: [https://www.changegrowlive.org/content/wirral-ways-recovery#tab_1](https://www.changegrowlive.org/content/wirral-ways-recovery#tab_1)
Email: wirral.services@cgl.org.uk
Telephone: 0151 5561335
Office Addresses: 23 Conway Street in Birkenhead, Ashton House in Moreton, and 151-153 Brighton Street in Wallasey

8. Further Information and Useful Links:

- Wirral Safeguarding Children Partnership Multi-agency Training for Substance Misuse – [https://www.wirral safeguarding.co.uk/training/courses/](https://www.wirral safeguarding.co.uk/training/courses/) (free training, registration required)
- NHS Guidance for Alcohol Abuse - [https://www.nhs.uk/conditions/alcohol-misuse/](https://www.nhs.uk/conditions/alcohol-misuse/)
- Wirral Safeguarding Children Partnership Substance Misuse Information – [https://www.wirral safeguarding.co.uk/substance-misuse/](https://www.wirral safeguarding.co.uk/substance-misuse/)
9. Appendices

9.1 Appendix One - Patterns and types of drug use

9.11 Substance misuse (including alcohol misuse) does not fall into one defined pattern – it varies. Outlined below are the main definitions of patterns and types of drug use:

9.12 Experimental Drug Users who use illegal drugs or other substances once or rarely, and whose use may have little apparent impact on their present functioning or lifestyle. The risk of developing drug dependency and related problems amongst this group may be low. Nevertheless, there is the risk of physical harm and, occasionally death may result from ingestion of certain substances, accidental overdose or drugs-related infection.

9.13 Recreational drug users who use illegal drugs regularly, who run similar risks as experimental users, and in some circumstances may be at higher risk of developing drug-related problems.

9.14 People who use legal substances, such as alcohol, tobacco or prescribed drugs, to levels which significantly impair their health or social functioning. There are recommended sensible limits for alcohol use, which can be described in weekly or daily limits. For women drinking 2-3 units of alcohol per day (up to 14 units per week) it is unlikely that problems will occur. Similarly, men drinking 3-4 units of alcohol per day (up to 21 units per week) are unlikely to experience impairment to health or social functioning. Regular use above these limits is liable to impair health or social functioning.

9.15 People who are dependent on illegal drugs or alcohol, whose use significantly impairs their health and social functioning. Their usage is usually characterised by addiction to the substance.

9.16 All drug use, and alcohol use above sensible limits, carries risk. These categories imply a hierarchy of likely problems. Nevertheless, within each of these groups there may be some users who are experiencing problems and some who are not. For the purpose of these guidelines, we refer to substance misuse as the stage when the use of drugs or alcohol are having a harmful effect on a person’s life.

9.17 The substance use may become the person’s central preoccupation, to the exclusion of significant personal relationships. A person may need to take a substance to deal with everyday events. The substance misuse may affect their physical or mental health. They may lose their friends, have money problems and get into trouble with the law.

9.18 Problem drug and alcohol users who are parents may find that their substance use affects how well they are able to look after their children and their relationships with their families. Much substance misuse is currently associated with the illegal misuse of opiates and benzodiazepines. These drugs and their trade can cause considerable harm both to individuals and communities, and serious problems for the parenting of dependent children.
9.2 Appendix Two - How do drugs and alcohol affect individuals?

9.21 Use of illegal drugs affects people in different ways and causes different kinds of problems. The effects of drug use and its impact on individuals and their lifestyles will vary according to:

- The individual's physical and psychological state
- The nature of drug(s) used and how they are obtained.
- The pattern and degree of drug use
- The method of administration (e.g. injection)
- The circumstances in which the drug is used
- Whether a drug is used in combination with other drugs, or with alcohol.

9.22 The use of alcohol similarly affects people in different ways. The impact of alcohol will vary on single occasions and over longer timescales according to:

**Single occasions:**
- Gender
- Weight
- Tolerance to alcohol
- Whether taken with food or on an empty stomach
- Whether alcohol is taken with fizzy mixers

**Longer periods:**
- Frequency of use
- Individuals physical and psychological state
- Pattern and amount of use
- Circumstances in which it is consumed.

9.23 Drug or alcohol use may alter or reduce appetite. It may dull reactions to discomfort and pain. This can lead to self-neglect. Social relationships may narrow down to a small group of people with similar habits. Finding or keeping work and housing may be difficult. Heavy or chaotic substance use may increase conflict and damage family relationships, and illegal drug users may run the risk of contracting drugs-related infections.
9.3 Appendix Three – Substance Misuse in Pregnancy

9.31 Pregnancy is a crucial time for a woman who is misusing substances and her child. Substance misuse can harm a foetus yet pregnancy can act as a strong incentive to make a positive change to substance-misusing behaviour.

9.32 Effects of drug use on pregnancy

9.33 Opiates/Opioids
Heroin is short acting and many of the problems associated with its use result from the effects of withdrawal. Withdrawal causes contraction of smooth muscle; this can lead to spasm of the placental blood vessels reduced placental blood flow and consequently reduced birth weight for babies. Methadone, the opioid substitute, has a longer lasting effect, thus eliminating fluctuations in blood levels and causing more minor withdrawals. It does not increase the risk of pre-term labour, but can cause reduced birth weight and withdrawal symptoms in the new-born baby. While substitute prescribing has been reported to improve stability, there is no evidence that it benefits pregnancy.

9.34 Benzodiazapines
There is no good evidence of any benefit deriving from substitution therapy during pregnancy, although in exceptional circumstances, substitution prescribing begun before pregnancy may be continued. Evidence suggests there is a slightly increased risk of cleft palate, so all pregnant women using benzodiazapines should be offered a detailed scan at 18-20 weeks.

9.35 There is no reliable evidence that use of benzodiazapines in itself affects pregnancy outcomes, but it is frequently associated with medical and social problems, and with poorer outcomes (especially low birth weight and premature birth). Use of benzodiazapines by the mother also causes floppy baby syndrome on delivery and withdrawal may not occur until day six post delivery and can stay in the system for up to four weeks, which can be particularly severe if there is 'poly' drug use.

9.36 Ecstasy
Ecstasy causes brain changes in utero behavioural problems, attention deficit problems, hyperactivity and long-term mental health problems.

9.37 Cocaine/ Crack/ Amphetamines
Cocaine is a powerful constrictor of blood vessels. This effect is reported to increase the risk of adverse outcomes to pregnancy, e.g. placental separation, reduced brain growth, under-development of organs and/or limbs, and foetal death in utero. It would seem that adverse outcomes are largely associated with heavy problematic use, rather than recreational use. Despite frequent reports to the contrary, cocaine use during pregnancy does not cause withdrawal symptoms in the new-born baby.
9.38 Cannabis
Cannabis is frequently used together with tobacco, which may cause reduction in birth weight and increases the risk of Sudden Infant Death Syndrome (cot death). There is no evidence of a direct effect on pregnancy outcomes from cannabis itself.

9.39 Tobacco
Maternal use of tobacco and alcohol can have significant harmful effects on pregnancy. Tobacco causes reduction of birth weight greater than that from heroin and is a major risk for cot deaths. Babies of women who smoke heavily during pregnancy may also exhibit signs of withdrawal, with 'jitteriness' in the neo-natal period.

9.310 Alcohol
Low levels of alcohol consumption during pregnancy may seem harmless, but safe levels cannot be precisely identified. At higher levels, alcohol causes reduction in birth weight, while amongst women who drink heavily in pregnancy (especially binge drinkers) a small number of babies with a combination of effects known as 'Foetal Alcohol Disorder Spectrum'. These features include low birth weight with reduction in all parameters of growth (including head circumference and consequently brain size), and central nervous dysfunction, including learning disabilities and characteristic facial abnormalities. The correlation with dosage is not exact, which suggests that other factors may contribute to the aetiology.

9.311 Breast-feeding
Mothers who are substance misusers and are prescribed methadone should be encouraged to breastfeed in the same way as other mothers, provided their drug use is stable and the baby is weaned gradually. Successful establishment of breast-feeding is in itself a marker of adequate stability of drug use. However, breastfeeding is prohibited for mothers who are substance misusers of benzodiazapines, cocaine and alcohol.

9.312 Assessing pregnant women with substance misuse
'A new approach is needed to address risks and needs. As a first step this should start with assessing the needs of all new-born babies born to drug or alcohol misusing parents'.

9.313 Most drug-using women are of child-bearing age. Substance misuse is often associated with poverty and other social problems, therefore pregnant drug using women may be in poor general health as well as having health problems related to drug use. Use of alcohol and tobacco is also potentially harmful to the baby. Substance misuse during pregnancy increases the risk of:

- Having a premature or low weight baby
- The baby suffering symptoms of withdrawal from drugs used by the mother during pregnancy
- The death the baby before or shortly after birth
- Sudden Infant Cot Syndrome
- Physical and neurological damage to the baby before birth, particularly if violence accompanies parental use of drugs or alcohol
- Pregnant women drinking to excess risk delivering babies with Foetal Alcohol Syndrome.
9.314 Some pregnant women who misuse substances do not seek ante-natal services until late in pregnancy or when in labour. They may not realise they are pregnant because of the effects of some substance use on the menstrual cycle. Their substance misuse and associated life-style may make other more urgent demands on their time. They may fear their drug use of drinking will be detected through routine urine or blood tests, or that if they tell staff they will be treated differently or that child protection agencies will be contacted automatically. They may feel guilty about their drug or alcohol use and what, or feel they ought, to stop but are worried that they will not succeed. They may be worried that their baby will be damaged or display withdrawal symptoms after birth. Many of these problems can be overcome by provision of accessible ante-natal services that tackle these worries honestly and sympathetically.

9.315 Health and non-health care agencies supporting women with alcohol or drugs-related problems should routinely ask about whether they have any plans to have a child in the near future, or whether they might be pregnant. Pregnant women should be encouraged to register with a GP and seek maternity care. Women not registered or unwilling to register with a local GP should be encouraged to attend ante-natal maternity services and register with community midwifery services to enable support to be provided in the community.

9.316 Staff providing ante-natal care for pregnant women should ask sensitively, but routinely, about all substance use, prescribed and non prescribed, legal and illegal, including tobacco and alcohol. If it emerges that a woman may have a problem with drugs or alcohol, she should be encouraged to attend addiction services, or specialist maternity services where available, and staff should offer to make the referral. Ante-natal services should arrange a multi-disciplinary assessment of the extent of the women’s substance use - including type of drugs, level, frequency, pattern, method of administration - and consider potential risks to her unborn child from current or previous drug use.

9.317 If a women does not already have a social worker, the obstetrician, midwife or GP should ask for her consent to liaise with the local service to enable appropriate assessment of her social circumstances. If the woman does not agree to a referral to social work services, ante-natal staff should consider whether the extent of the woman’s substance problem is likely to pose risk of significant harm to her unborn baby. If significant harm seems likely, this may override the need for the woman’s' consent to referral.

9.318 Professionals providing both ante and post-natal care should be aware of the potential difficulties which could affect the safety and welfare of the new-born baby.

9.319 Consideration should be given to the following questions:
  - Is the mother making adequate provisions for the baby's arrival? Is there sufficient material provision?
  - What help may the mother need to provide good basic care?
• Is the environment into which the child will be discharged safe for new-born baby? A chaotic, dirty or impoverished environment may not provide basic requirements for hygiene, stimulation or safety.
• Is there evidence of adequate support for the mother and child? Is the father supportive? Are the extended family members available to help?
• Is there any evidence of domestic abuse?

9.320 If staff are worried that preparations for or the care of the new-born inadequate, or that other problems may pose risks, they should ask the local authority social work service to arrange a pre-birth case conference. This should include representation from ante-natal services, any alcohol or drugs-related services working with pregnant woman, the social work service and the primary care team, such as health visitor or GP, and the mother. This conference should consider whether an inter-agency child protection plan may be needed.

9.321 To enable effective breast-feeding and the development of appropriate attachment, babies should be cared for by their parents wherever possible. Unnecessarily prolonged hospitalisation or placement away from parents should be avoided. Withdrawal symptoms at birth in a baby subject to foetal addiction may make the baby more difficult to care for in the post-natal period. If the baby experiences withdrawal symptoms or has other health problems, maternity services should provide full information about the child's care progress and any prognosis to the parent(s) with sensitivity.